

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

RICHARD A MARSIGLIO
PATRICIA L MARSIGLIO
Debtor(s)

Case No. 06-01034

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/07/2006.
- 2) The plan was confirmed on 06/12/2006.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 03/17/2010.
- 6) Number of months from filing to last payment: 49.
- 7) Number of months case was pending: 55.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$30,628.50.
- 10) Amount of unsecured claims discharged without payment: \$22,886.72.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$82,235.00
Less amount refunded to debtor	\$17.09

NET RECEIPTS: **\$82,217.91**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$3,898.88
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$3,898.88**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ACCOUNTS RECOVERY BUREAU	Unsecured	741.73	5,718.42	5,718.42	5,718.42	1,247.74
AJ SMITH FEDERAL SAVINGS BANK	Secured	NA	NA	NA	0.00	0.00
AJ SMITH FEDERAL SAVINGS BANK	Secured	2,906.40	2,906.40	2,906.40	2,906.40	0.00
ANESTH & PAIN CONSULTANTS	Unsecured	763.00	NA	NA	0.00	0.00
ASSOCIATED RADIOLOGIST STJAME	Unsecured	282.00	NA	NA	0.00	0.00
AT&T	Unsecured	NA	NA	NA	0.00	0.00
CALEEL OLDEN & ASSOC	Unsecured	14.00	NA	NA	0.00	0.00
CAPITAL ONE AUTO FINANCE	Unsecured	NA	0.46	0.46	0.46	0.00
CAPITAL ONE AUTO FINANCE	Secured	28,928.00	28,928.00	28,928.00	28,928.00	2,803.88
CAPITAL ONE AUTO FINANCE	Secured	10,498.00	10,497.80	10,497.80	10,497.80	1,018.05
CAPITAL ONE BANK	Unsecured	2,847.00	NA	NA	0.00	0.00
CARDIOSPECIALIST GROUP	Unsecured	10.30	NA	NA	0.00	0.00
CHGO RESTORATIVE DENTAL ASSOC	Unsecured	570.00	NA	NA	0.00	0.00
COLUMBIA OLYMPIA FIELDS OSTEO	Unsecured	396.00	NA	NA	0.00	0.00
COMED LEGAL REVENUE RECOVERY	Unsecured	359.48	NA	NA	0.00	0.00
CONSULTANTS IN PATHOLOGY	Unsecured	80.42	NA	NA	0.00	0.00
CRETE MONEE HIGH SCHOOL	Unsecured	423.00	NA	NA	0.00	0.00
CULLIGAN WATER CONDITION	Unsecured	417.31	NA	NA	0.00	0.00
EMERGENCY CARE HEALTH	Unsecured	215.00	NA	NA	0.00	0.00
EXCEL EMERGENCY CARE	Unsecured	330.00	NA	NA	0.00	0.00
GMAC RESCAP LLC	Secured	21,239.91	21,239.91	21,239.91	21,239.91	0.00
GMAC RESCAP LLC	Secured	NA	NA	NA	0.00	0.00
GREENLEAF MEDICAL ASSOC	Unsecured	380.00	NA	NA	0.00	0.00
ILLIANA SURGERY CENTER	Unsecured	100.49	NA	NA	0.00	0.00
JEFFERY R SARBIESKI DDS	Unsecured	211.80	NA	NA	0.00	0.00
JOHN A ROSEVEAR MD	Unsecured	2,517.67	NA	NA	0.00	0.00
LAKE IMAGING	Unsecured	48.38	NA	NA	0.00	0.00
LINCARE	Unsecured	493.83	NA	NA	0.00	0.00
M&J UNDERGROUND INC	Unsecured	3,200.00	NA	NA	0.00	0.00
MEDTRUST HEALTHCARE	Unsecured	349.00	NA	NA	0.00	0.00
MIDTOWN DENTAL CLINIC	Unsecured	450.00	450.00	450.00	450.00	98.19

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
MIDWEST ORTHOPAEDIC CONSULTA	Unsecured	412.50	NA	NA	0.00	0.00
MIDWEST PHYSICIANS GROUP	Unsecured	325.00	460.10	460.10	460.10	100.36
NICOR GAS	Unsecured	741.99	1,346.52	1,346.52	1,346.52	293.72
OLYMPIA FIELDS MEDICAL CTR	Unsecured	2,000.00	NA	NA	0.00	0.00
OLYMPIA FIELDS OSTEO HOSPITAL	Unsecured	125.03	NA	NA	0.00	0.00
ORAL SURGERY CENTER	Unsecured	18.00	NA	NA	0.00	0.00
PAUL S PETRUNGARO DDS MS	Unsecured	2,250.00	NA	NA	0.00	0.00
RESURGENT CAPITAL SERVICES	Unsecured	671.00	992.99	992.99	992.99	216.49
RIGHTON PARK FIRE DEPT	Unsecured	720.00	NA	NA	0.00	0.00
SAUK VILLAGE	Unsecured	80.00	NA	NA	0.00	0.00
SBC/AMERITECH	Unsecured	145.00	NA	NA	0.00	0.00
SHANU KONDMURI MD	Unsecured	676.00	NA	NA	0.00	0.00
SHARPE WELL DRILLING INC	Unsecured	1,043.00	NA	NA	0.00	0.00
ST JAMES HOSPITAL & HEALTH CTR	Unsecured	45.53	NA	NA	0.00	0.00
ST MARGARET MERCY HOSPITAL	Unsecured	100.00	NA	NA	0.00	0.00
STEGER ESTATES FIRE DEPT	Unsecured	102.20	NA	NA	0.00	0.00
SURGICAL ASSOCIATES	Unsecured	104.30	NA	NA	0.00	0.00
UNIVERSITY OF CHICAGO HOSPITAL	Unsecured	429.00	NA	NA	0.00	0.00
UNIVERSITY OF CHICAGO PHYS GRP	Unsecured	7.48	NA	NA	0.00	0.00
VILLAGE OF SOUTH CHICAGO HGTS	Unsecured	620.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	Claim <u>Allowed</u>	Principal <u>Paid</u>	Interest <u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$24,146.31	\$24,146.31	\$0.00
Debt Secured by Vehicle	\$39,425.80	\$39,425.80	\$3,821.93
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$63,572.11	\$63,572.11	\$3,821.93
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$8,968.49	\$8,968.49	\$1,956.50

Disbursements:

Expenses of Administration	<u>\$3,898.88</u>
Disbursements to Creditors	<u>\$78,319.03</u>

TOTAL DISBURSEMENTS : **\$82,217.91**

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/16/2010

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.